

APPLICATION DATA SHEET**Application Information**

Application number:: 10/575,753

Filing Date:: 10/14/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: PROGNOSTIC AND DIAGNOSTIC MARKERS
FOR CELL PROLIFERATIVE DISORDERS OF
THE BREAST TISSUES

Attorney Docket Number:: 47675-183

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?:

No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AT
Status::	Full Capacity
Given Name::	Martin
Middle Name::	
Family Name::	Widschwendter
Name Suffix::	
City of Residence::	London
State or Province of Residence::	
Country of Residence::	UK
Street of mailing address::	<u>33 St. Marys Road</u> Department of Gynaecological Oncology Institute for Women's Health University College London ECA Hospital 2 nd Floor Huntley Street
City of mailing address::	London <u>Tonbridge</u>
State or Province of mailing address::	
Country of mailing address::	UK
Postal or Zip Code of mailing address::	<u>WC1E 6DH</u> <u>TN9 2LD</u>

Second Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Third Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Fourth Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 206-628-7621

Fax Number: 206-628-7699

E-Mail address::

barrydavison@dwt.com

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/EP2004/011577	10/14/04

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
DE	103 48 407.8	10/17/03	Yes

Assignee Information

Assignee name::	—— <u>Epigenomics AG</u>
Street of mailing address::	—— <u>Kleine Praesidentenstrasse 1</u>
City of mailing address::	—— <u>Berlin</u>
State or Province of mailing address::	
Country of mailing address::	—— <u>DE</u>
Postal or Zip Code of mailing address::	—— <u>10178</u>